

<b>NOTICE OF APPEAL</b> FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 8465-40
Certificate of EFS Filing Under 37 CFR §1.8  I hereby certify that this correspondence is being electronically transmitted via the EFS to the United States Patent and Trademark Office, Mail Stop AF, Commissioner for Patents, via the EFS pursuant to 37 CFR §1.8 on the below date:  Date: <u>August 26, 2008</u> Name: <u>Heidi A. Dare, Reg. No. 50,775</u>		
In re Application of Lasse W. Mogensen et al.  Application No. <u>10/687,568</u> Filed <u>October 15, 2003</u>  For Injector Device for Placing a Subcutaneous Infusion Set		
Signature <u>Heidi A. Dare</u> Art Unit <u>3767</u> Confirmation No. <u>7139</u> Examiner <u>Elizabeth MacNeill</u>		
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		<u>\$510.00</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is Reduced by half, and the resulting fee is: <u>\$_____</u> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to Deposit Account No. <u>23-1925</u> .		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>23-1925</u> .		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the:  <input type="checkbox"/> Applicant/Inventor.  <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
Signature <u>Heidi A. Dare</u> Typed or Printed Name <u>Heidi A. Dare</u>		
<input checked="" type="checkbox"/> Attorney or agent of record. Registration No. <u>50,775</u>		
<input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34. Registration No. if acting under 37 CFR 1.34. <u>_____</u>		
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
312-321-4200 Telephone number <u>_____</u>		
Date <u>August 26, 2008</u>		
<input type="checkbox"/> *Total of _____ forms are submitted.		